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# Current OCT Plaque Vulnerability: The past is the Mirror of Future?

Ik-Kyung Jang, MD, PhD

Harvard Medical School

Massachusetts General Hospital



A Teaching Affiliate  
of Harvard Medical School

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# OCT

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- **Background**
- **Ex Vivo Validation**
- **In vivo Plaque Characterization**
- **Limitations**
- **Recent Development**



# History

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- 1993** OCT, Ophthalmology
- 1995 1.3 micron, high resolution source
- 1996 Radial scanning catheter
- 1998 prototype
- Non-reciprocal interferometer
- 1998** **MGH Cardiac OCT Group**  
GI, ENT, Urology, GNY
- 1999 Clinically viable system for cardiology  
3.2 F catheter  
Optical rotary junction
- 2000 FIM study in cardiology
- 2004** **In vivo plaque characterization**
- 2006** **FD-OCT**

MIT

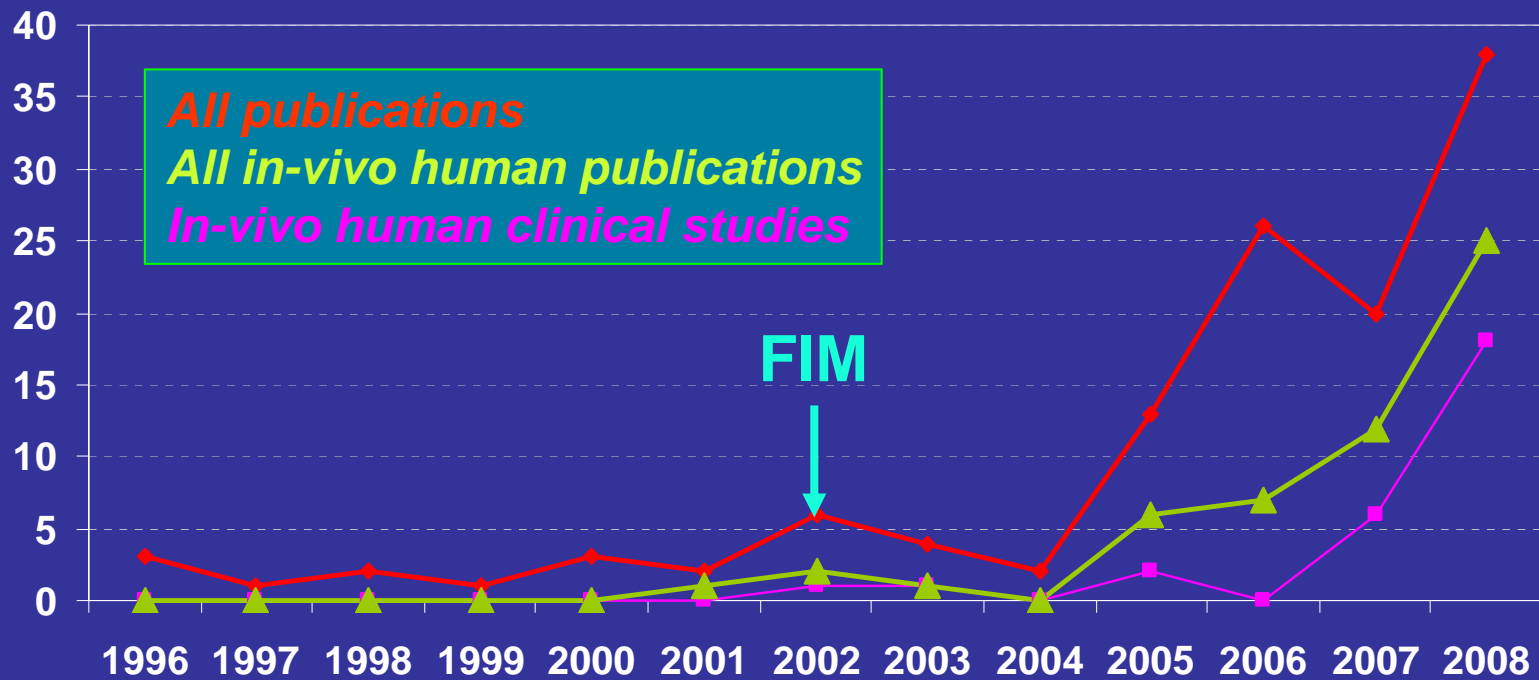
MGH



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# Publications

## Intravascular OCT



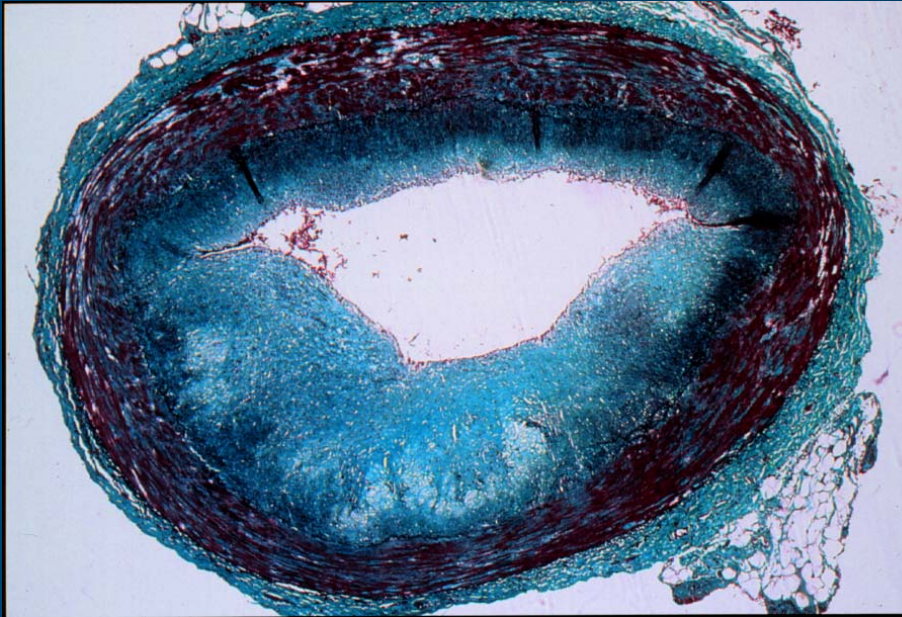
# OCT

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- Background
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- Limitations
- Recent Development

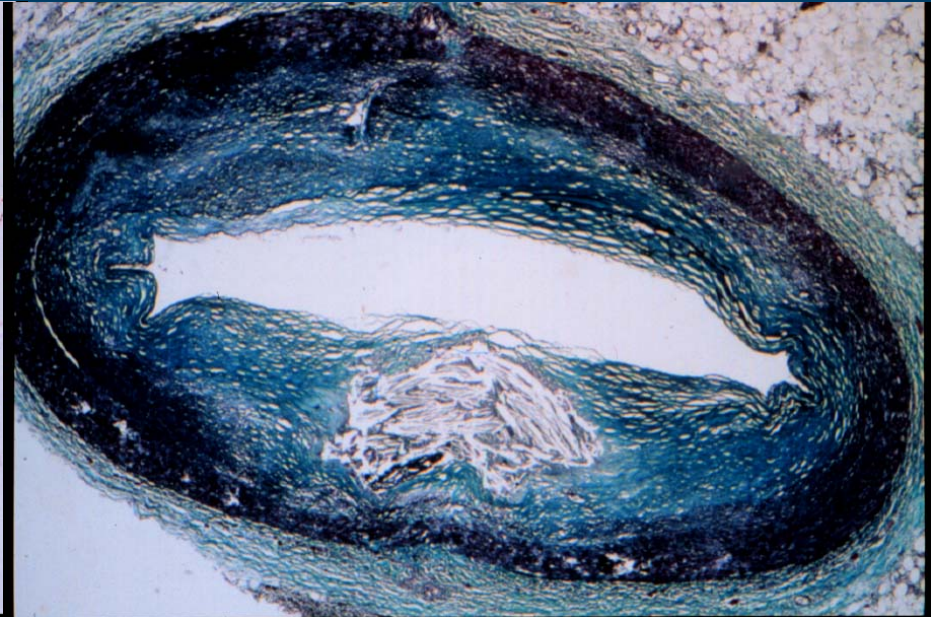


# Stable vs Vulnerable Plaque



## Stable Plaque

- Low lipid conc.
- Thick fibrous cap
- Low m $\phi$  density



## Vulnerable Plaque

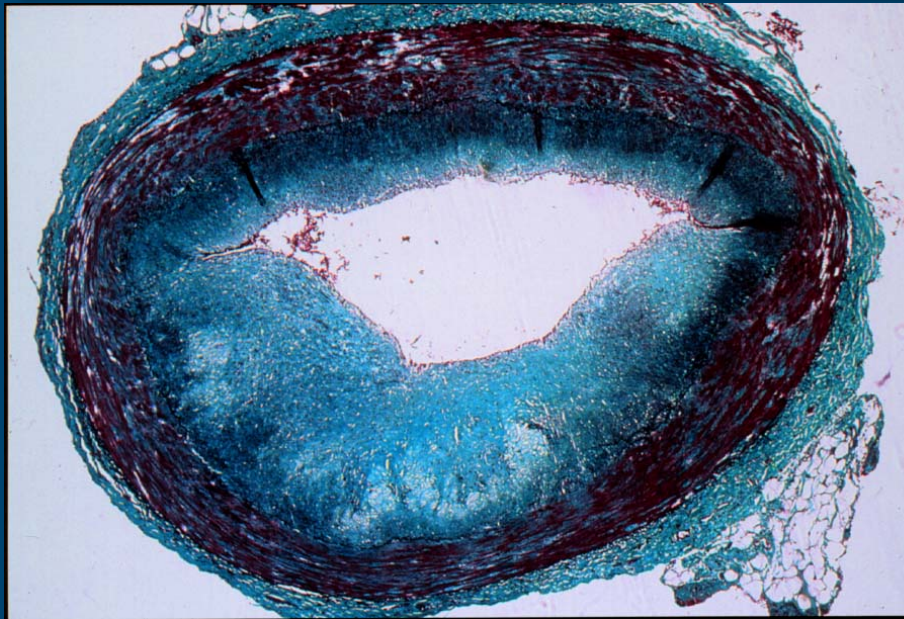
- High lipid conc.
- Thin fibrous cap
- High m $\phi$  density



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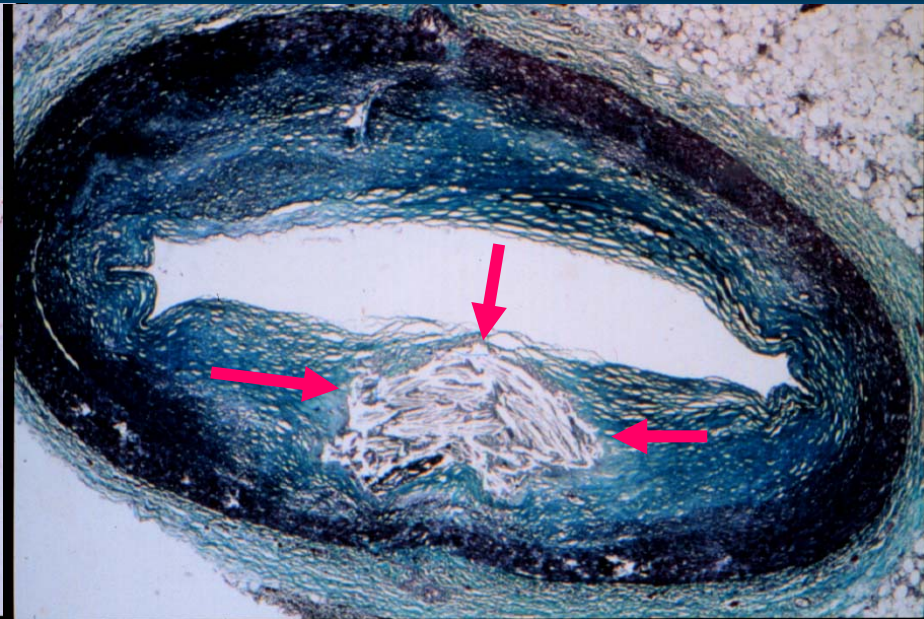
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# Stable vs Vulnerable Plaque



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## Vulnerable Plaque

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# Ex Vivo Study Results

Fibrous	SENS	<b>.87</b>	PPV	<b>.88</b>
	SPEC	<b>.97</b>	NPV	<b>.96</b>
Calcific	SENS	<b>.95</b>	PPV	<b>1.0</b>
	SPEC	<b>1.0</b>	NPV	<b>.95</b>
Lipid pool	SENS	<b>.92</b>	PPV	<b>.81</b>
	SPEC	<b>.94</b>	NPV	<b>.97</b>

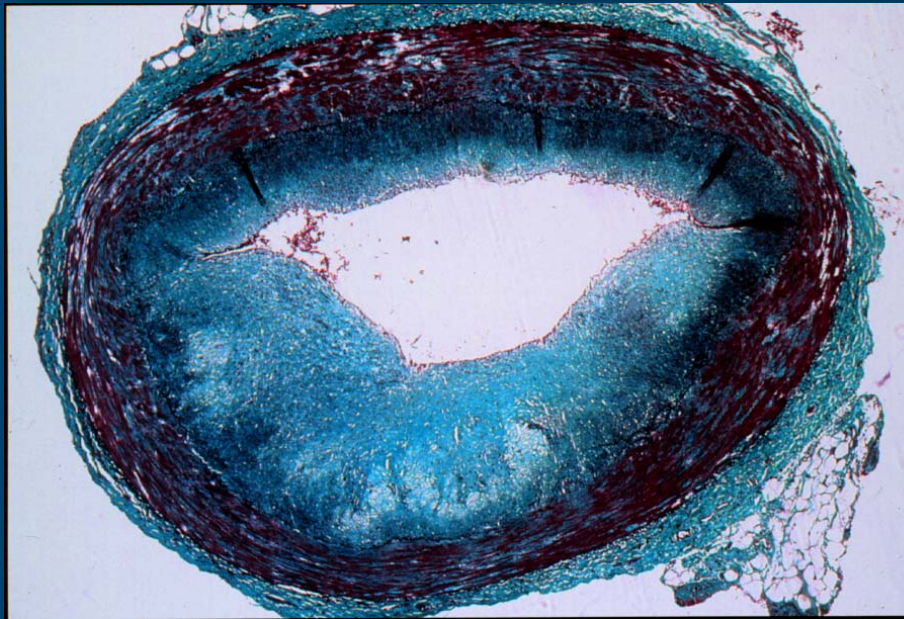
Yabushita, .. Jang, Bouma, Tearney. Circulation 2002



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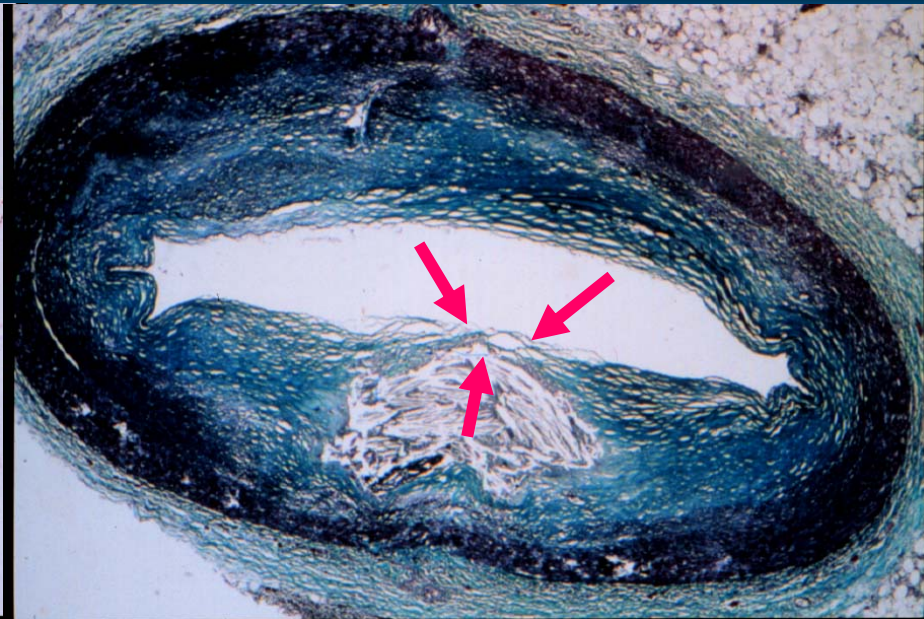


# Stable vs Vulnerable Plaque



## Stable Plaque

- Low lipid conc.
- Thick fibrous cap
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## Vulnerable Plaque

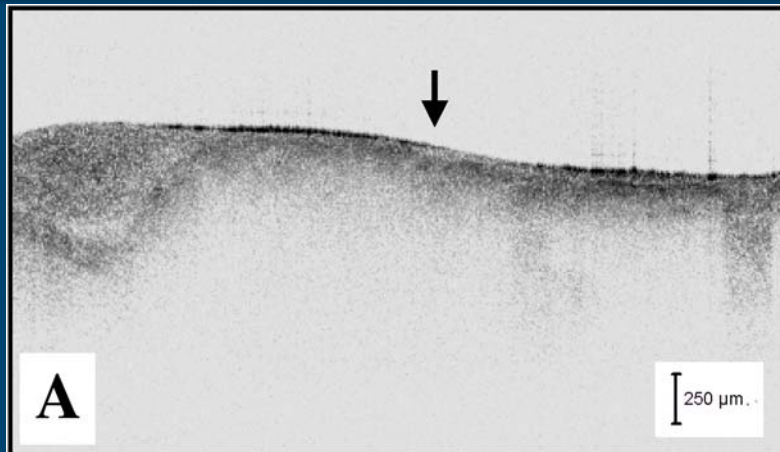
- High lipid conc.
- Thin fibrous cap
- High  $m\Phi$  density



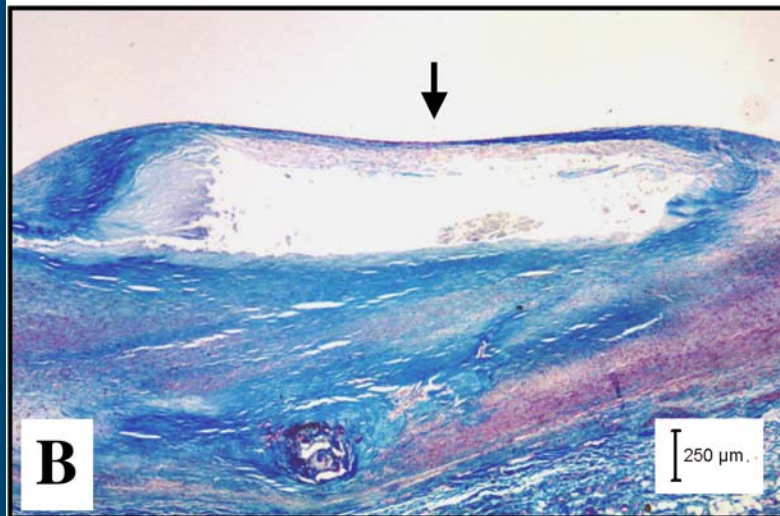
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# OCT and histology



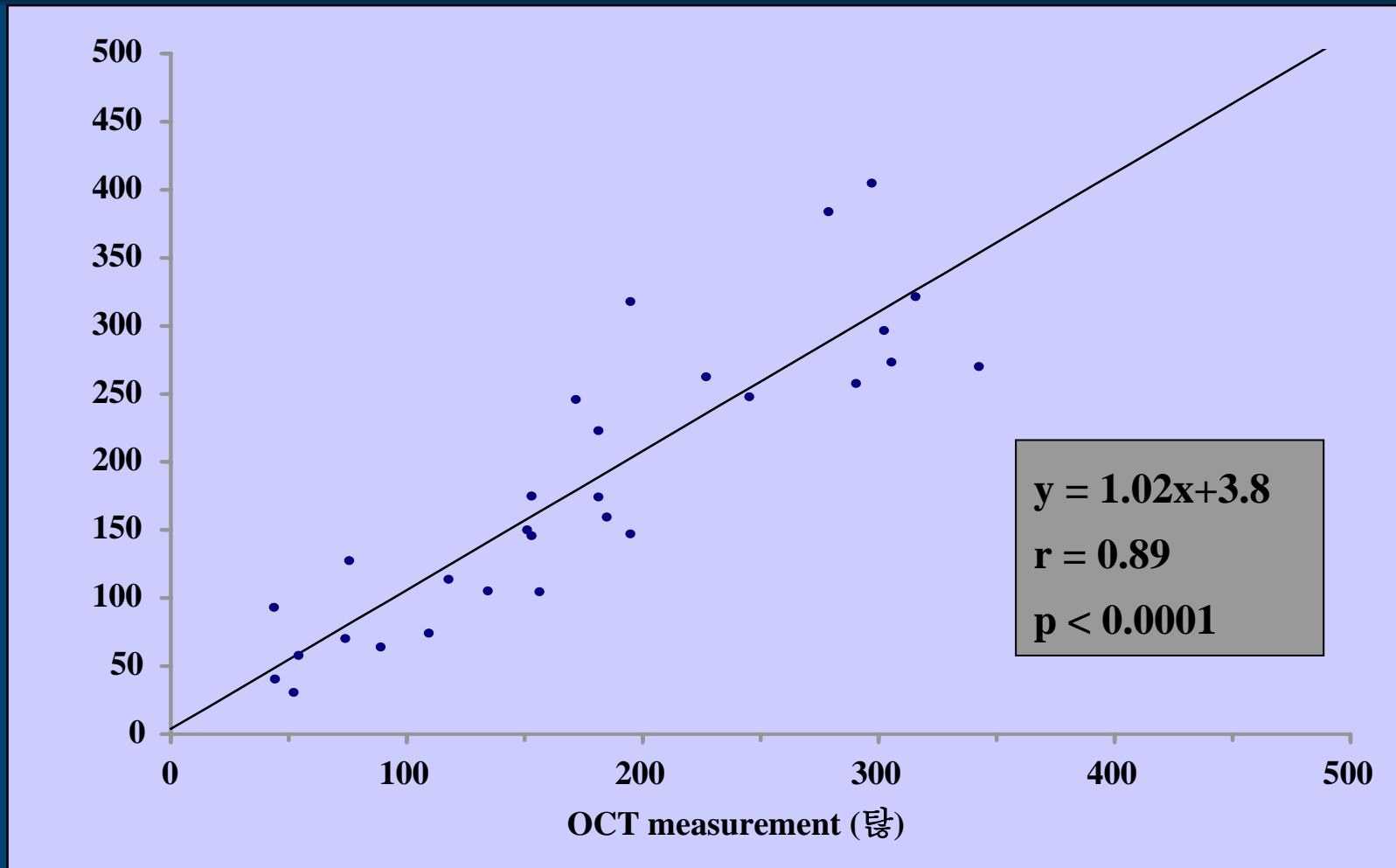
fibrous cap thickness;  
44.1 μm by OCT



fibrous cap thickness;  
40.4 μm by histology  
(Masson's trichrome;  
original magnification 40X)

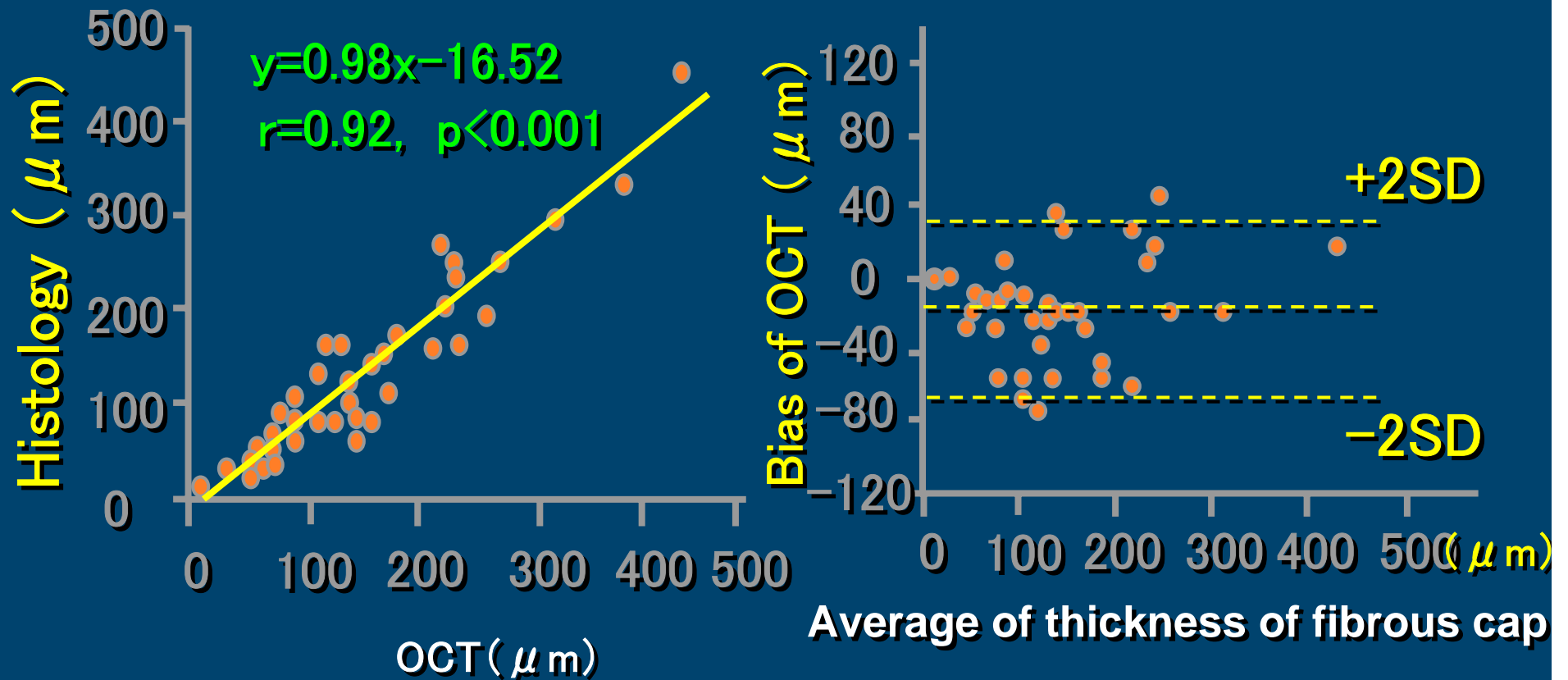


# Correlation between OCT and histology



# Thickness of fibrous caps

## Histology vs OCT

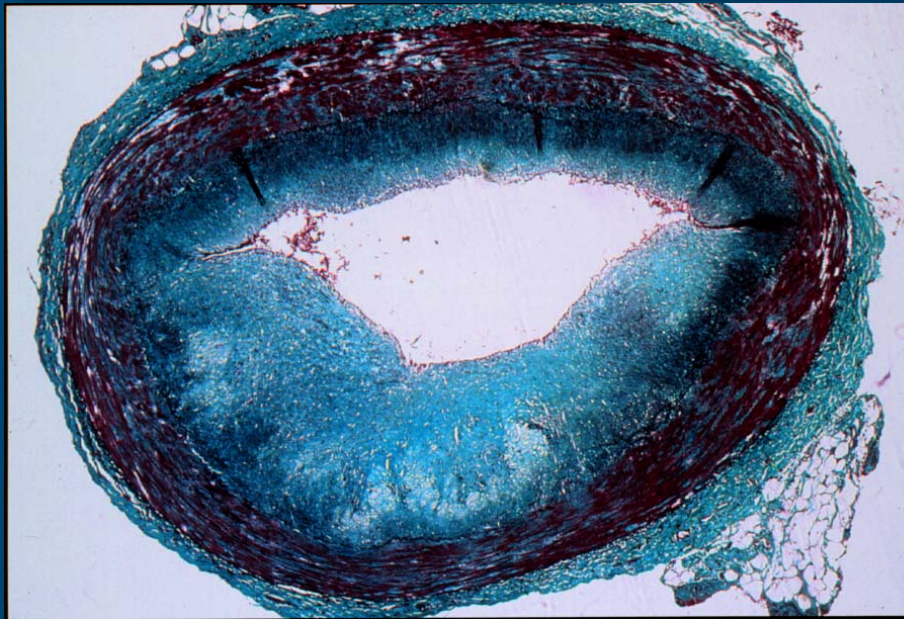


Kume, Akasaka. Am Heart J . 152:755, 2006



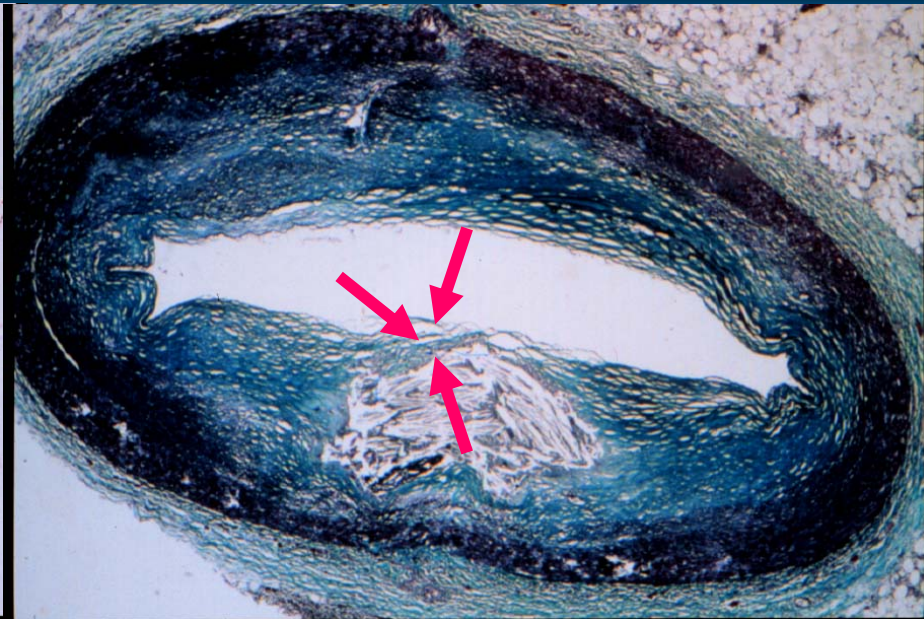
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# Stable vs Vulnerable Plaque



**Stable Plaque**

- Low lipid conc.
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**Vulnerable Plaque**

- High lipid conc.
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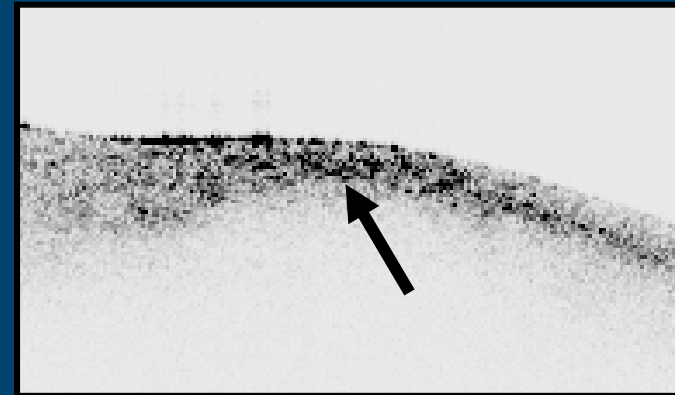
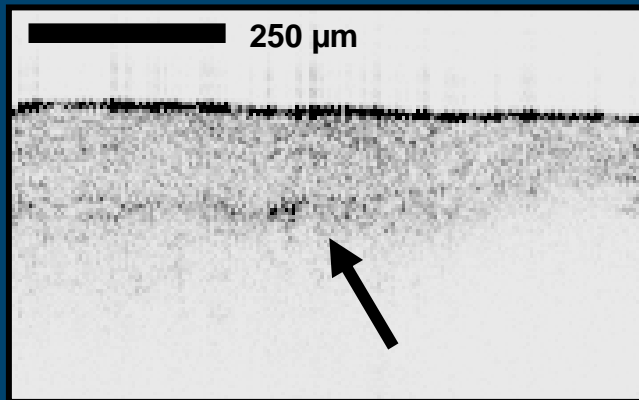
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# Macrophage Study

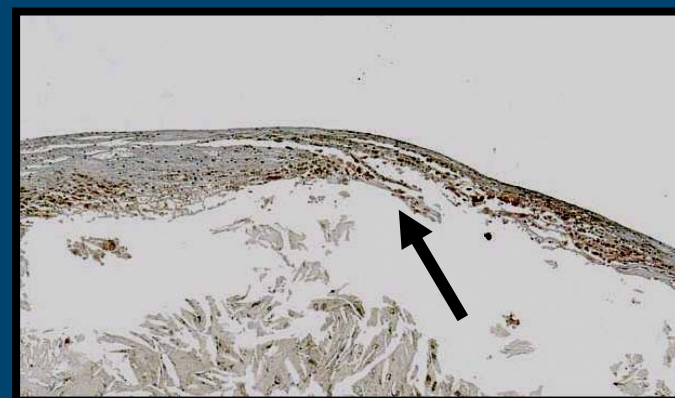
Low M $\phi$

High M $\phi$

OCT



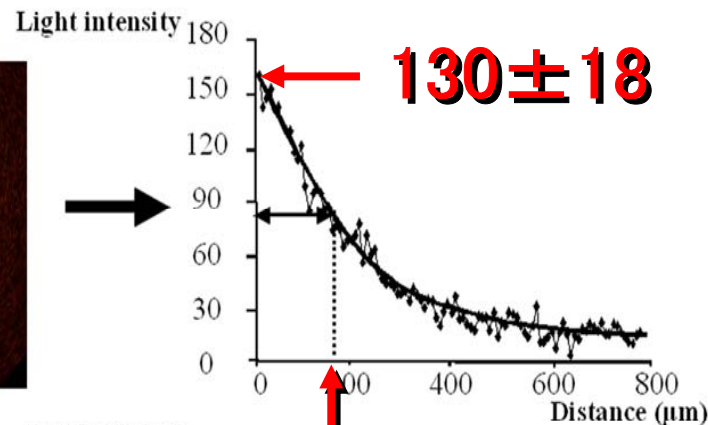
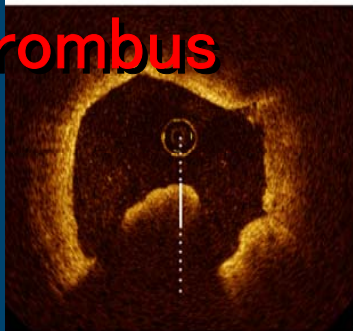
CD68



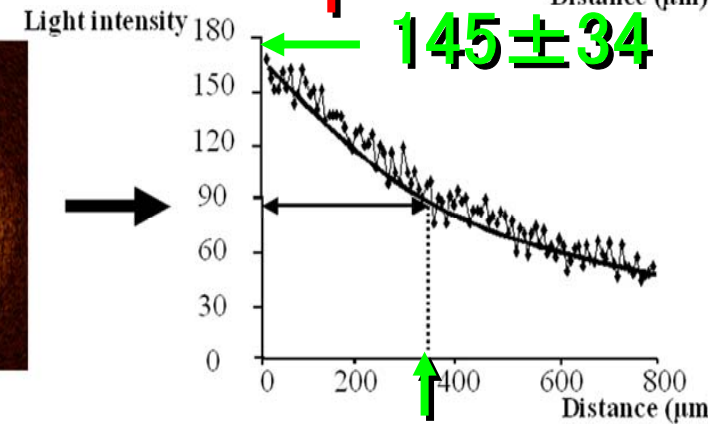
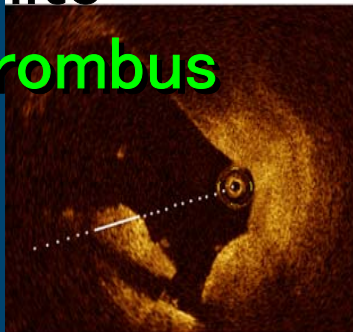


# Differentiation between red and white thrombus

Red thrombus



White thrombus



\*  $p = 0.0001$

Kume, Akasaka. Am J Cardiol. 2006, 97:1713



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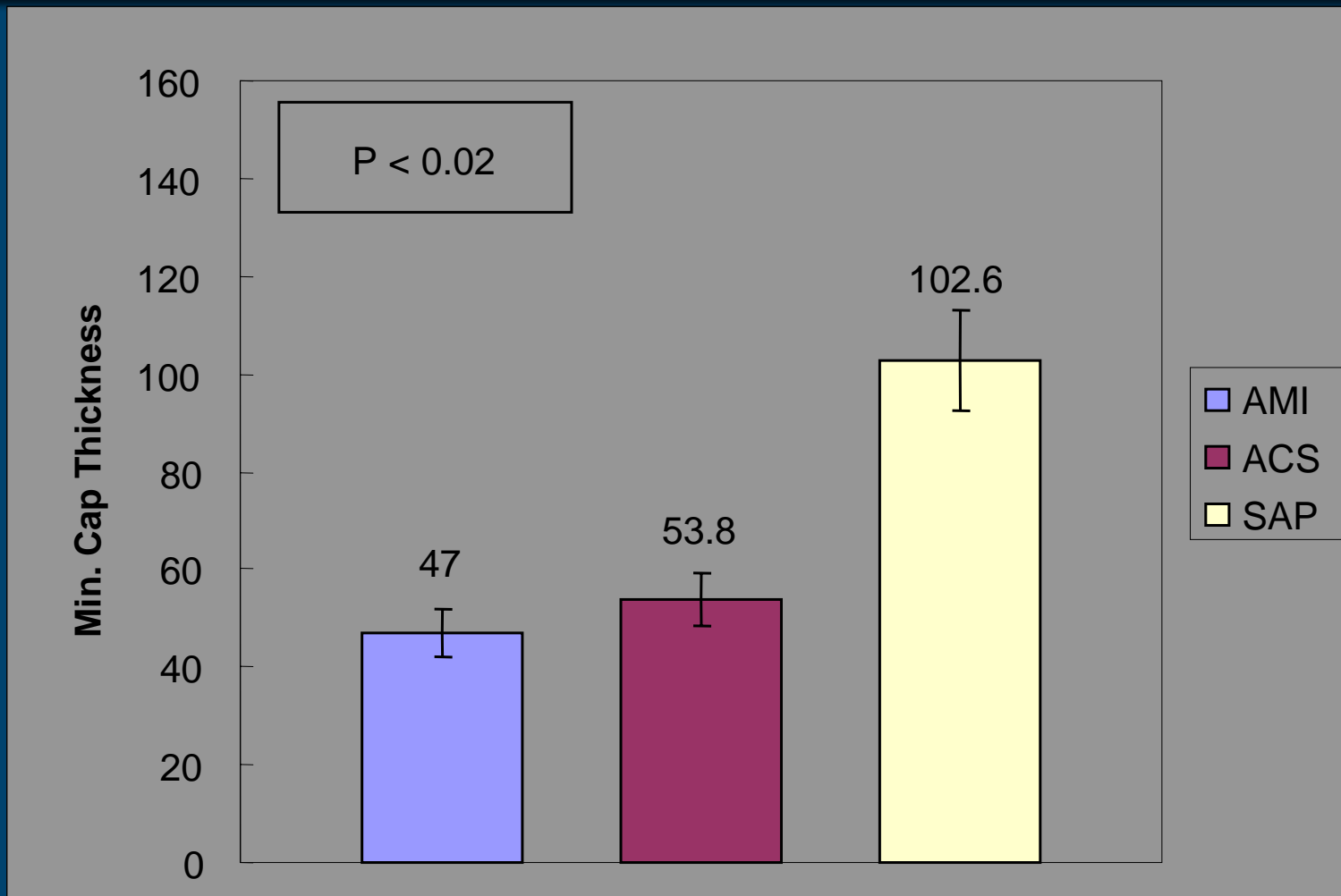
# OCT

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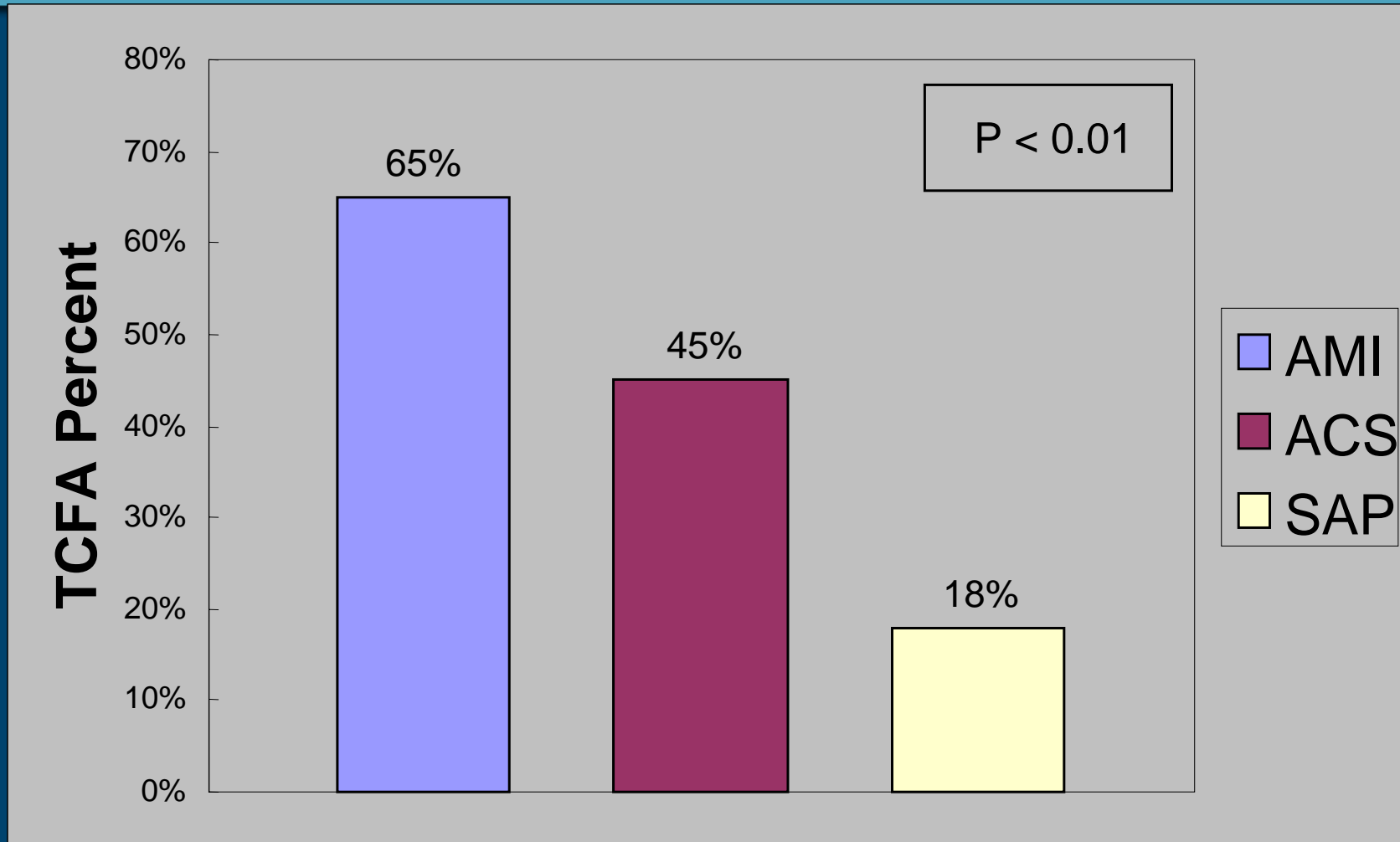
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# Cap Thickness



# Prevalence of TCFA (Thin Cap Fibro Atheroma)



Jang, Bouma. Circulation 2005



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# AMI v ACS v SAP

	AMI (n=20/30/35)	ACS (n=20/24/--)	SAP (n=17/31/20)
LRP (%)	90/93/--	75/71/--	58/42/--
FCT ( $\mu\text{m}$ )	47/49/--	54/79/--	103/196/--
TCFA (%)	72/83/77	50/46/--	20/3/25

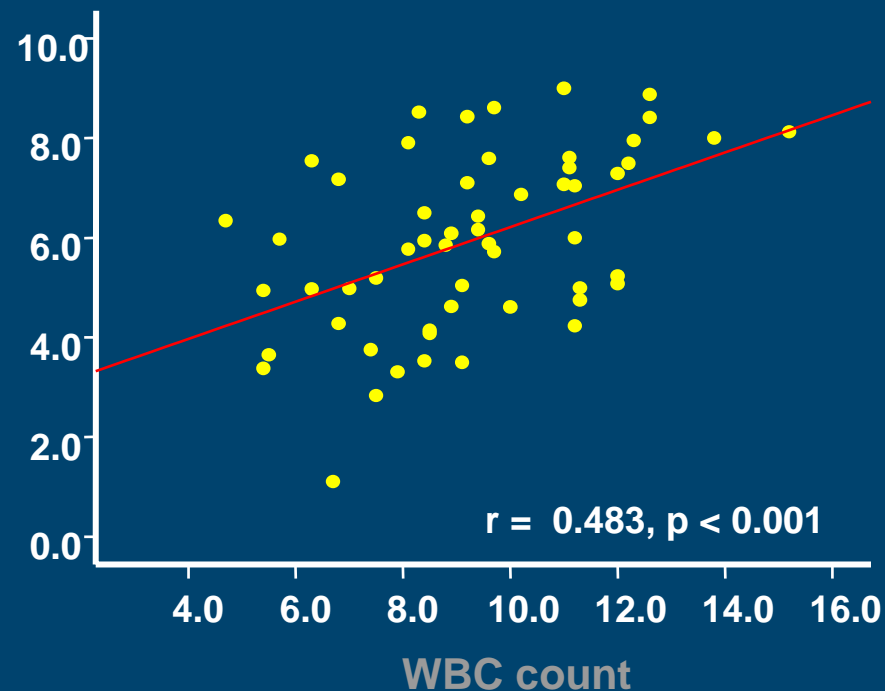
Jang/Akasaka/Fujii



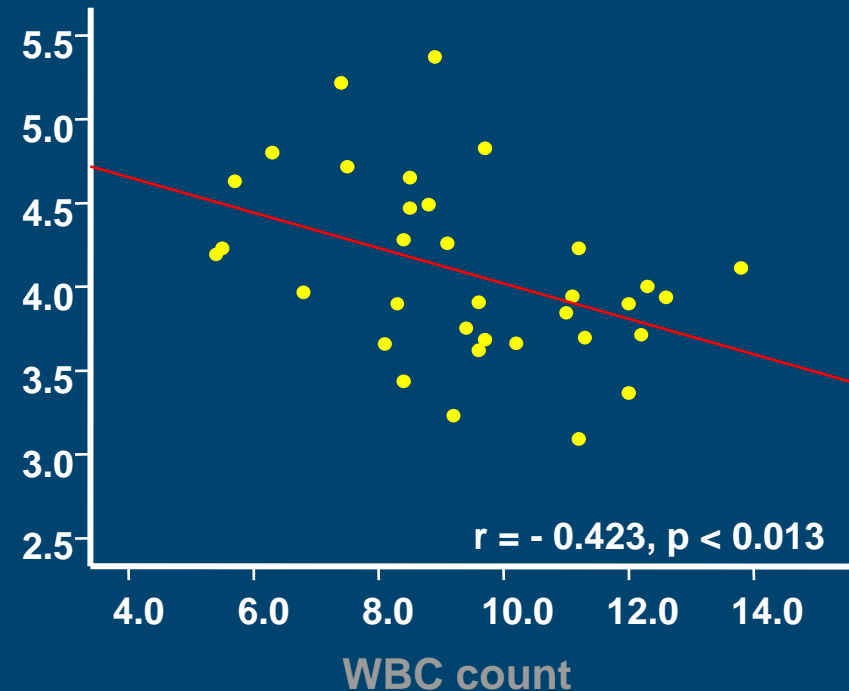
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# Correlation of WBC count with Macrophage Density and Fibrous Cap Thickness

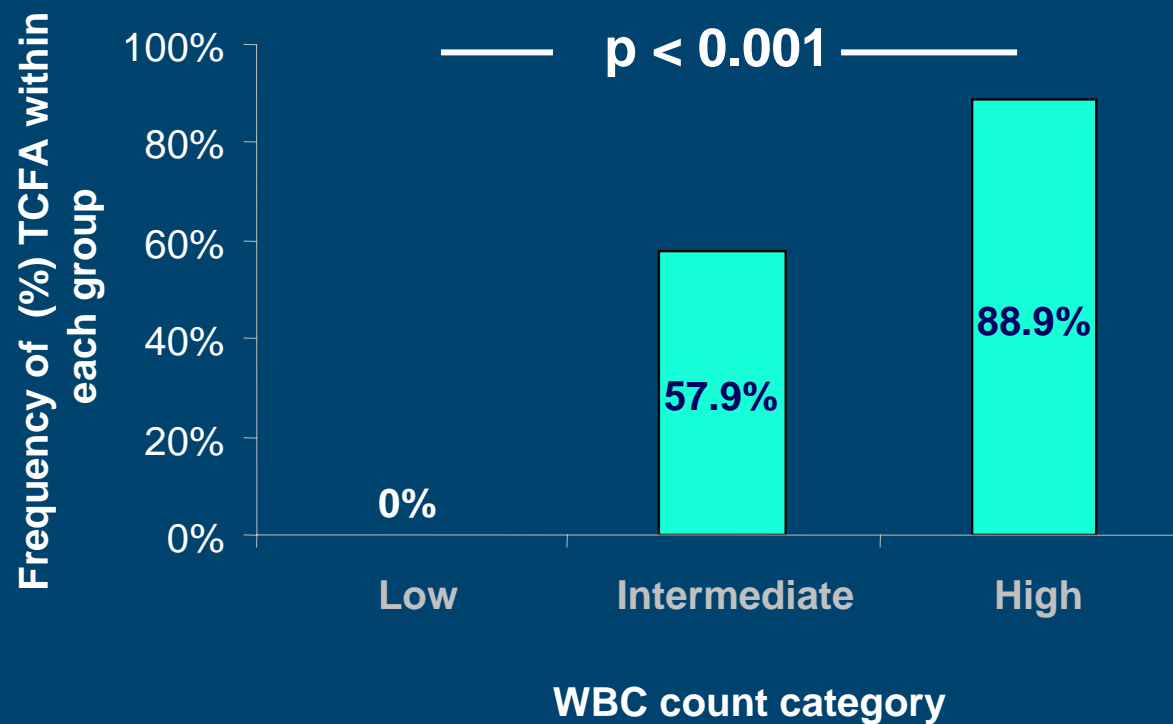
Macrophage Density (%)



Fibrous Cap Thickness (Ln)



# Frequency of TCFA in relation to baseline WBC count categories



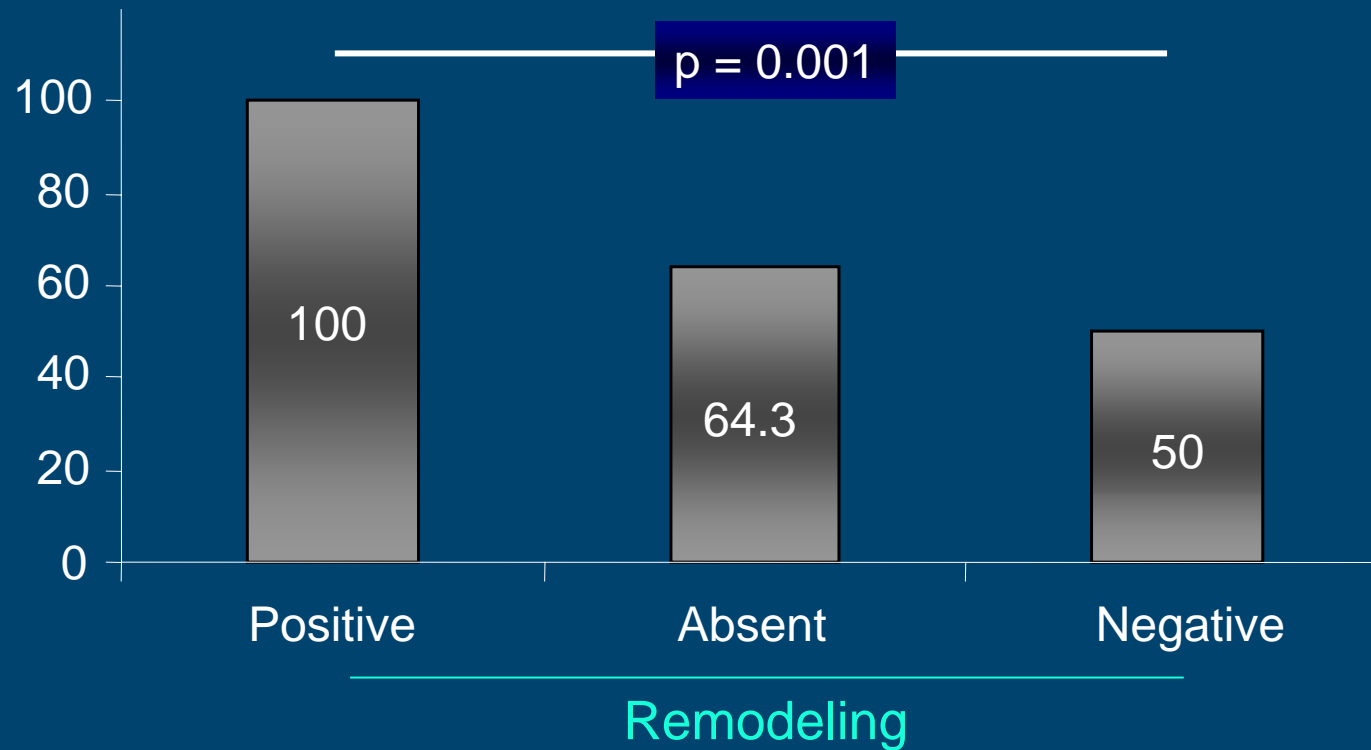
Raffel, Jang. ATVB 2007.



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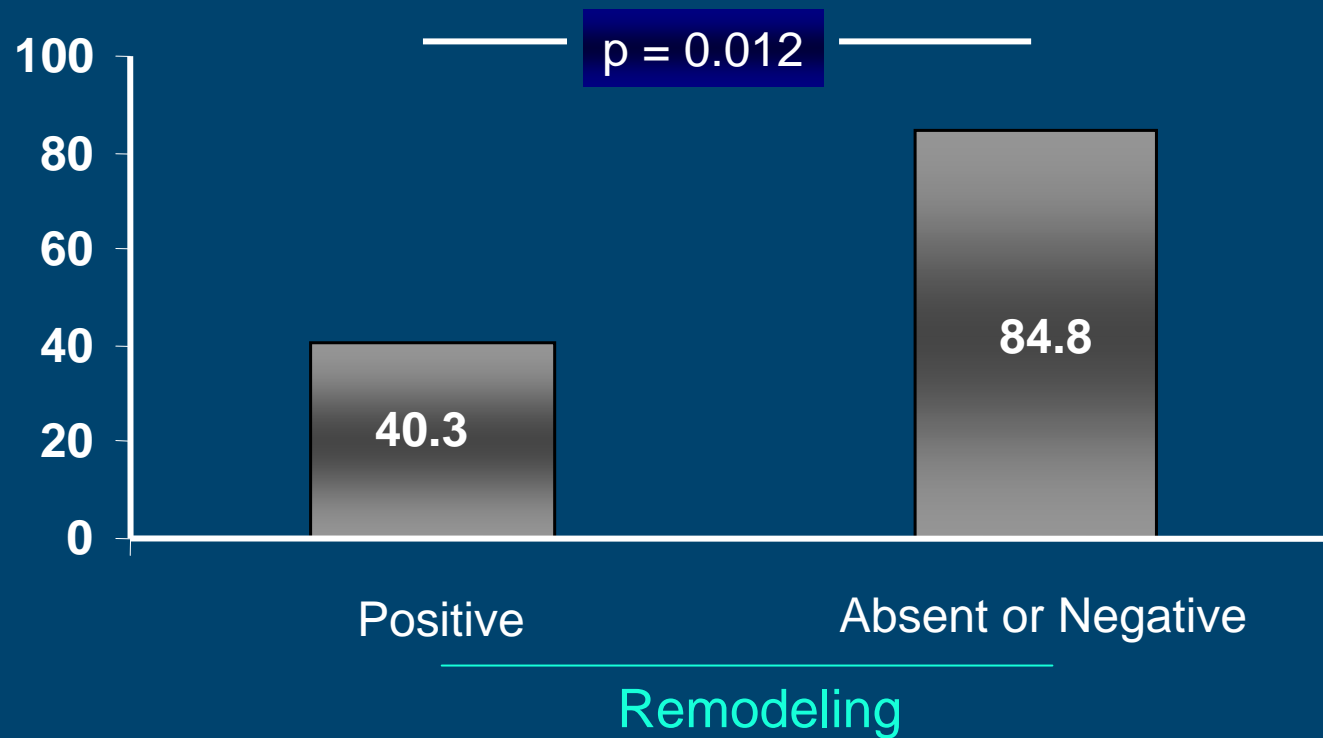
# Remodeling vs Lipid Rich Plaque

% of Lipid Rich Plaque within each group



# Remodeling vs Fibrous Cap thickness

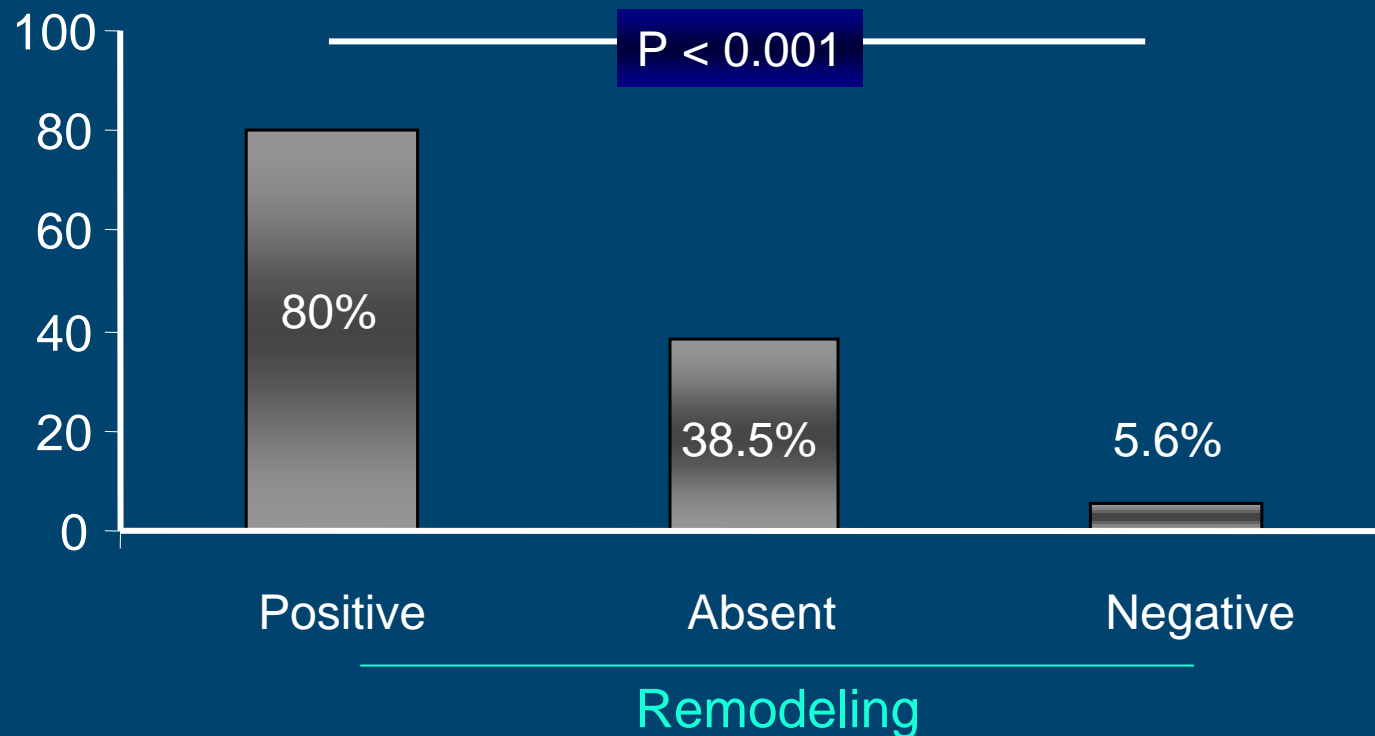
Fibrous Cap Thickness (Median,  $\mu\text{m}$ )





# Remodeling vs TCFA

% of TCFA within each group

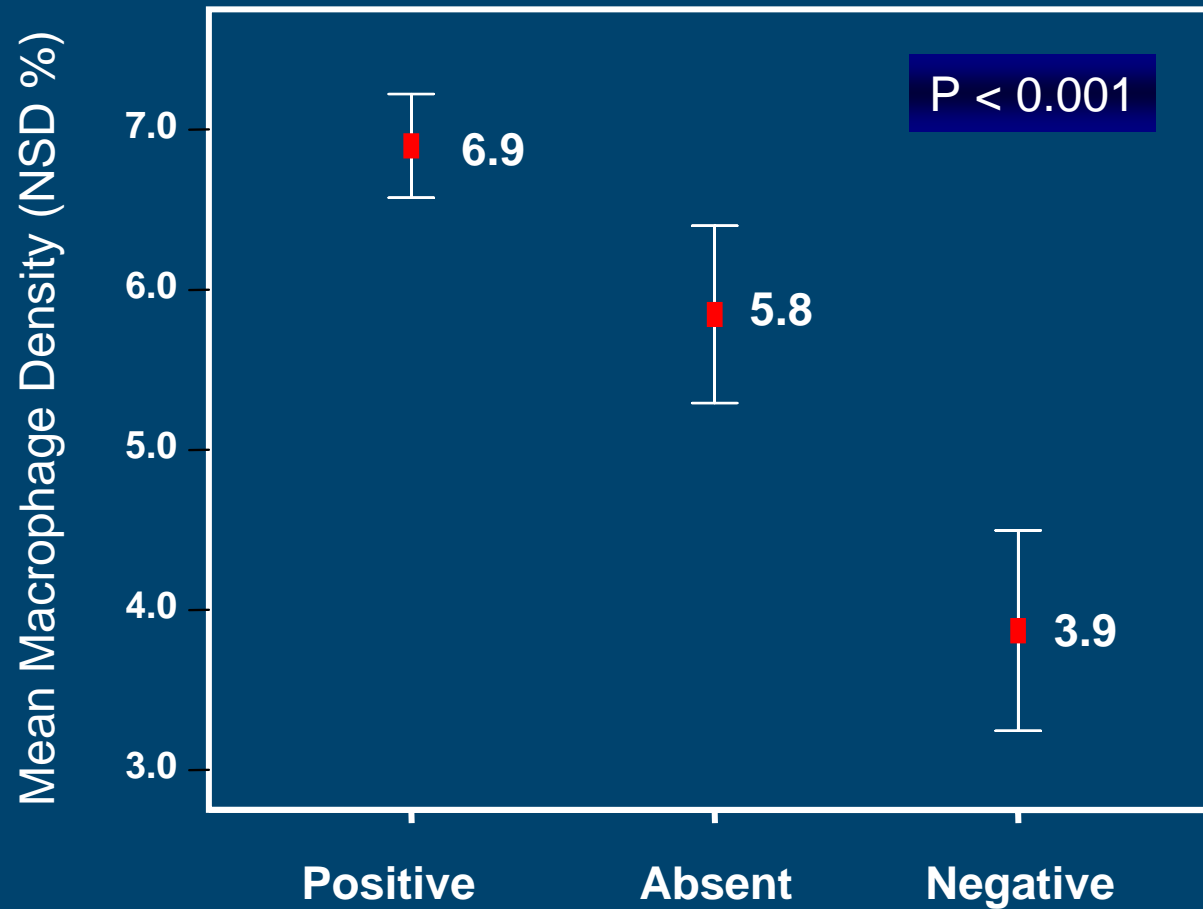


Raffel, Jang. EHJ 2008



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# Remodeling vs Macrophage Density



# OCT

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# Limitations of OCT

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1. Need to create blood free zone
2. No scanning capability – may miss ruptured site, thinnest cap, small lipid pool
3. Shallow penetration depth
4. Local, superficial anatomic information
5. No functional (physiologic) information

Raffel, Akasaka, Jang. Heart 2008  
Low, Jang. Nature Cardiovasc Med. 2006



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# OCT

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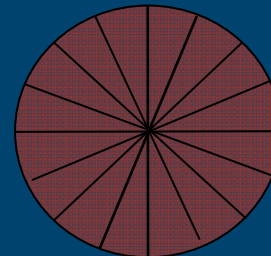
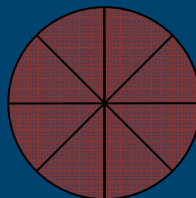
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# M3 vs C7(XR)

	M3	C7
Max. Frame Rate	20 fps	100+ fps
Max. Pullback Speed	3 mm/s	20+ mm/s
# Lines/frame	200	500
Scan diameter (in contrast)	6.8 mm	8+ mm
Lateral Resolution		
@ Z = 1 mm	30 $\mu$ m	30 $\mu$ m
@ Z = 3 mm	90 $\mu$ m	40 $\mu$ m
Axial Resolution	18 $\mu$ m	12 $\mu$ m

160,000  
pixels/frame

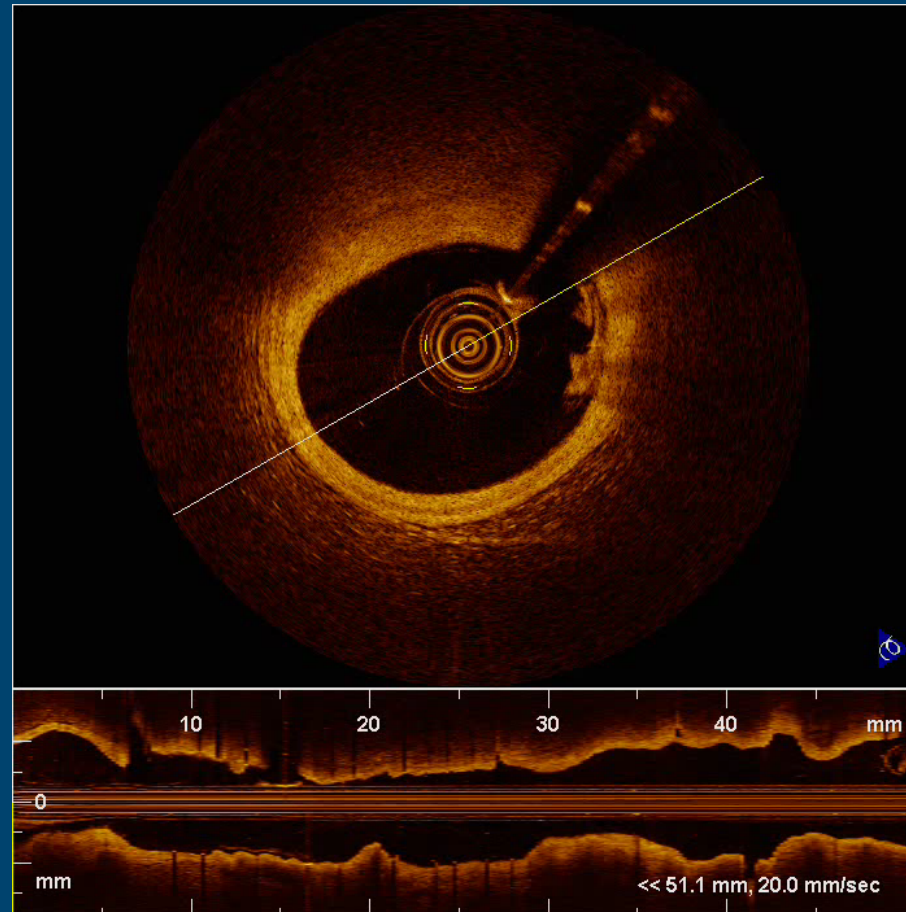


500,000  
pixels/frame

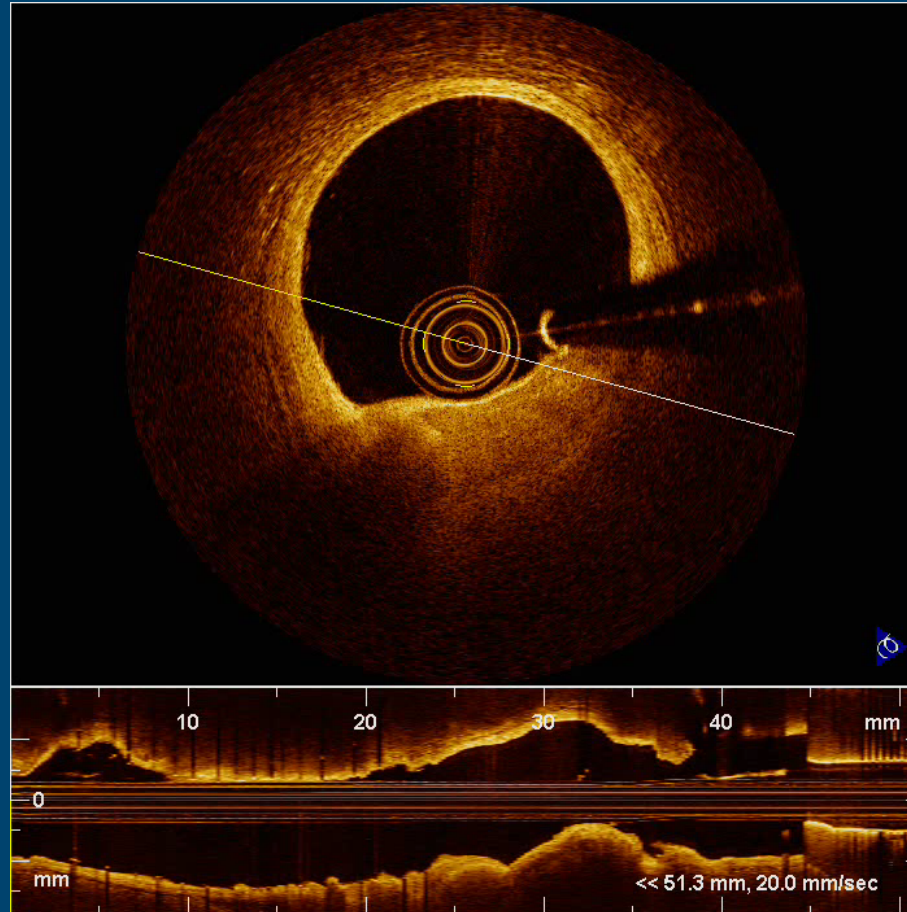


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# Frequency Domain OCT Pullback



# Frequency Domain OCT Pullback





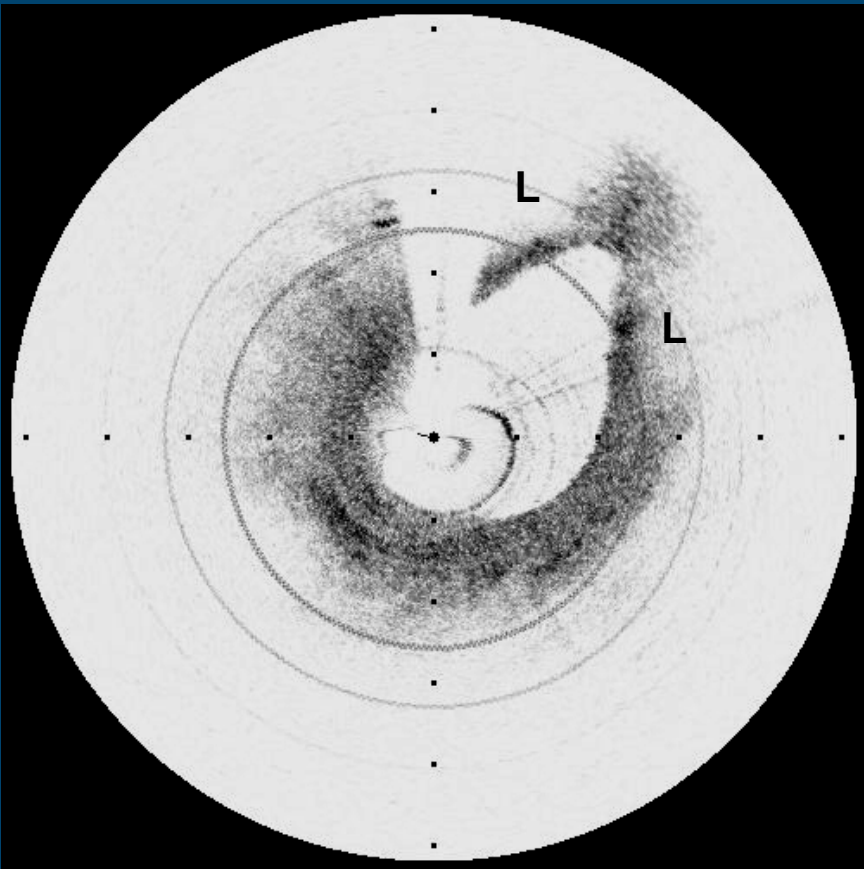
# Clinical Study

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- **Multicenter study**
- MGH
- Columbia University
- Stanford University



# Post-AMI



# Post-AMI



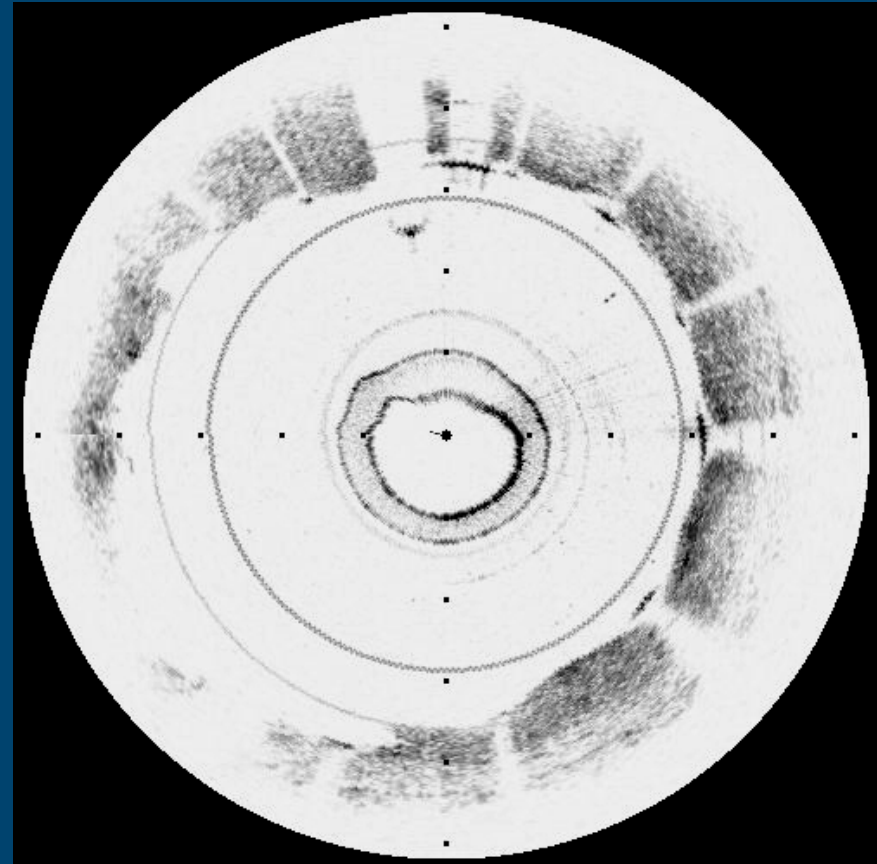
Pre PCI



Post PCI

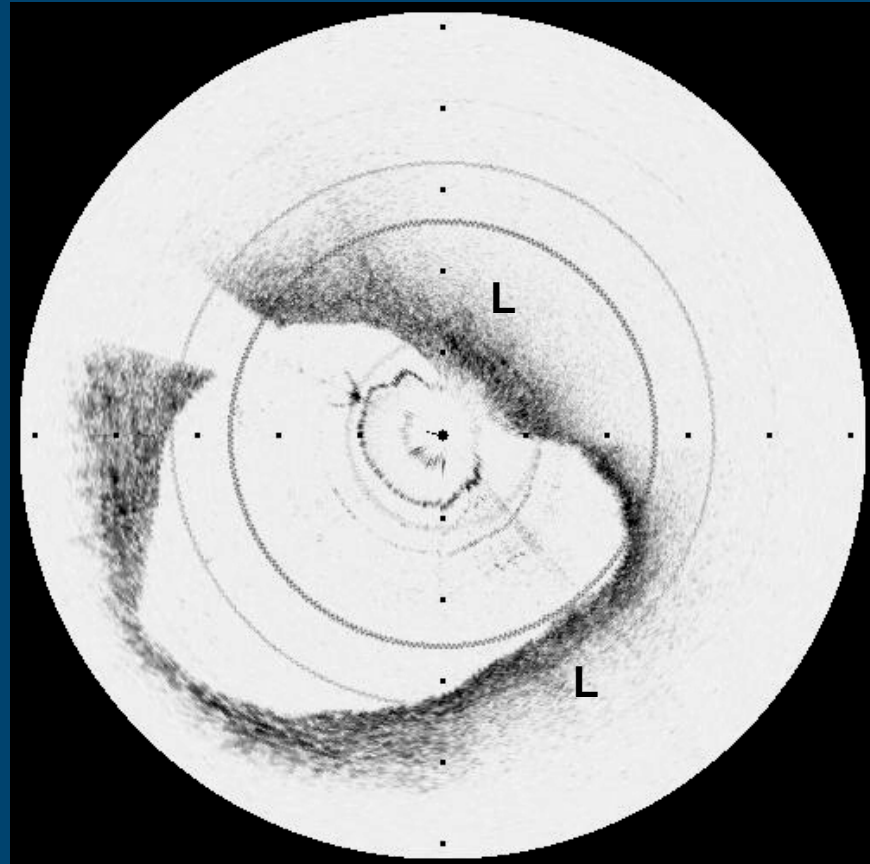


# Post-AMI

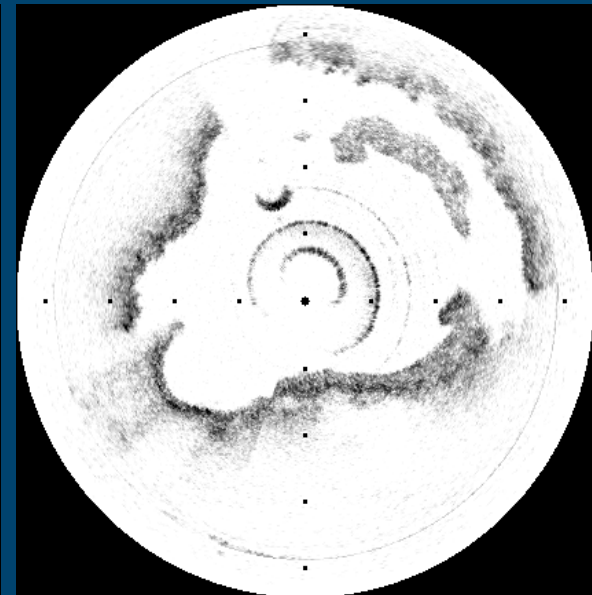
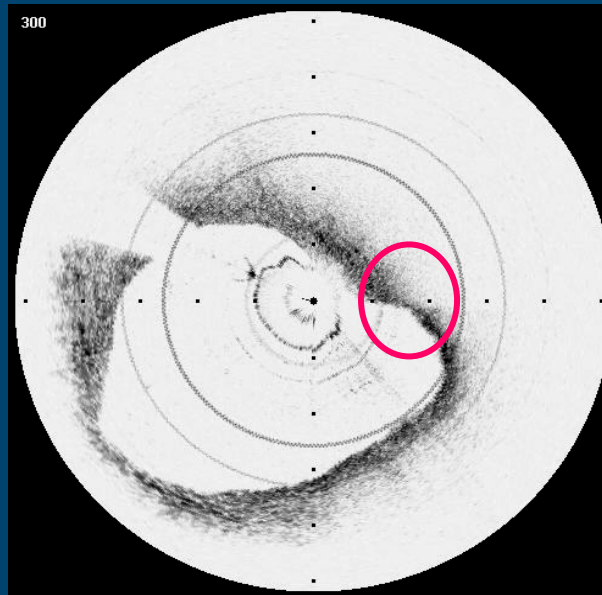


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# Post-AMI (Proximal to lesion)



# In-Vivo Plaque Morphology



Stable Plaque

TOFA

Ruptured Plaque

Study Date  
April 2000

April 2004  
No cardiac event.



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# Detection of High-risk Plaque

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**Lack of Prospective Data !!!**



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# OCT Research Group

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- 20 Investigators from Australia, China, Hong Kong, Japan, Korea, USA
- Establishing Clinical Research Network
- Registry, Multi center studies
- Establish OCT fellowship
- Harvard University Continuing Education:
  - OCT Research Group Symposium: 5/2010, Boston.

[ijang@partners.org](mailto:ijang@partners.org)

[jang.ik@mgh.harvard.edu](mailto:jang.ik@mgh.harvard.edu)



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# Thank You



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